

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 12192	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Richard P Fitzgerald P.O. Box, Bldg., Room No., if any P.O. Box 505 Street 202 Mill Street City Westfield State Indiana ZIP Code +4 46074-0505	4. Name, file number, and address of labor organization. Name United Food & Commercial Workers Local 700 Labor Organization File Number 529-093 P.O. Box, Building and Room Number, if any Street 5638 Professional Circle City Indianapolis State Indiana ZIP Code +4 46241-5092
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. Unknown, no reliable records received or maintained 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Richard P. Fitzgerald

On 08/15/2005

Date

317-248-0391

Telephone Number

Name of Person Filing Richard Fitzgerald	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Adminstraters</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 407</p> <p>Street 5420 W. Southern Avenue</p> <p>City Indianapolis</p> <p>State Indiana ZIP Code + 4 46241-5569</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Indiana Area UFCW & Retail Employers Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 407</p> <p>Street 5420 W. Southern Avenue</p> <p>City Indianapolis</p> <p>State Indiana ZIP Code + 4 46241-5569</p>	<p>11.a. Nature of such dealing.</p> <p>Third Party Adminstraters for Collectively Bargained Pension and Health & Welfare Funds.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Dinner, November 20, 2004.</p>
	<p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>Unknown-no reliable records received or maintained.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Richard Fitzgerald

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name PIMCO Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 840 Newport Center Drive

City Newport Beach

State California ZIP Code + 4 92660

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Indiana Area UFCW & Retail Employer Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 407

Street 5420 W. Souther Avenue

City Indianapolis

State Indiana ZIP Code + 4 46241-5569

11.a. Nature of such dealing.

Provides Services for the Collectively Bargained Pension Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Outing, June 23, 2004

12.b. Amount.

\$110

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Anthem Blue Cross/Blue Shield

Trade Name, if any: Anthem

P.O. Box, Bldg., Room No., if any

Street 220 Virginia Avenue

City Indianapolis

State Indiana ZIP Code + 4 46204

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Services for Collectively Bargained Health and Welfare Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Outing, August 13, 2004

12.b. Amount.

\$95

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Unknown, no reliable records received or maintained.

12.b. Amount.